

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097068482

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	10					
TOTAL DEP.		10				
TOTAL CLAIMS	10	10				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52		8		12		1
53		3		12		1
54		2		12		6
55		1		12		1
56		1		12		1
57		1		12		1
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65	1					
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		5				
78		6				
79		1				
80		5				
81		6				
82		1				
83			1			
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90			1			
91				1		
92				1		
93				1		
94				1		
95				1		
96			1			
97				1		
98				1		
99				1		
100				1		
TOTAL IND.	10		3			
TOTAL DEP.		10		15		7
TOTAL CLAIMS	10	10	3	15	7	7